

APPENDIX VIII

SAMPLE USM-199

U.S. Department of Justice
United States Marshals Service

EMPLOYEE EXIT CHECK-OUT RECORD

1. EMPLOYEE NAME <div style="text-align: center; font-size: small;">(Last, First, Initial)</div>		2. LAST DAY OF WORK <div style="text-align: center; font-size: small;">(Month, Day, Year)</div>		3. DATE OF SEPARATION <div style="text-align: center; font-size: small;">(Month, Day, Year)</div>	
INSTRUCTIONS <i>TO THE EMPLOYEE – It is your responsibility to obtain all required clearances indicated on this form. FAILURE TO DO SO MAY DELAY YOUR FINAL PAYCHECK. Attached is an Exit Interview Form (USM-158). Please have this form completed and ready to turn in at check-out point 4g.</i> <i>TO CHECK-OUT POINT OFFICERS – An advance copy of this form is provided to you as soon as the employee's separation date is known. This is to allow sufficient time for review of your records to insure that the employee will be properly cleared upon check-out. Your signature in block 4 on the original copy of the form indicates that the employee has obtained appropriate clearance. The advance copy should be destroyed when you have signed the original, since the completed record will be filed in the Employment and Compensation Division.</i>					
4. RELEASES TO BE OBTAINED					
CHECK-OUT POINT	ITEMS TO BE CLEARED	SIGNATURE	DATE		
a. Immediate Supervisor	<input type="checkbox"/> Desk, Cabinet, equipment, or other uncontrolled office keys accounted for <input type="checkbox"/> Office materials & Supplies Returned <input type="checkbox"/> On/off Site Computer Equipment <input type="checkbox"/> Passwords for Computers Changed <input type="checkbox"/> Software Accounted for				
b. Administrative Services Division	<input type="checkbox"/> Parking Passes returned				
c. Office of the Asst. Director for Financial Management	<input type="checkbox"/> Outstanding Travel Advances reconciled <input type="checkbox"/> Credit Cards returned/destroyed <input type="checkbox"/> Vouchers				
d. Division ADP Systems Administrator	<input type="checkbox"/> Application Program Passwords changed (WIN) etc. <input type="checkbox"/> Network Passwords changed				
e. Information Technology Division Network Systems Administrator	<input type="checkbox"/> All Equipment Returned <input type="checkbox"/> Delete from Network Access				
f. Internal Security Division	<input type="checkbox"/> Credentials & Badges returned <input type="checkbox"/> Security Clearance Debriefing accomplished <input type="checkbox"/> HQ Building Pass returned <input type="checkbox"/> Facility Access Control System Card/Key returned <input type="checkbox"/> Controlled Keys - Suite/Office returned				
g. Employment and Compensation Division	<input type="checkbox"/> Personnel Forms <input type="checkbox"/> Exit Interview				
5. My Forwarding Address is					
6. CERTIFICATION					
<i>I certify that all USMS materials to include computer diskettes, tapes, printed matter and equipment which I had in my possession has been returned to the proper authorities and that none of it is being retained under my custody or control.</i>					
a. Signature of Employee				b. Date	

PRJOR EDITIONS OBSOLETE

FORM USM-199 (REV. 10/1/92)

SAMPLE USM-215

U.S. Department of Justice
United States Marshals Service

INVENTORY ADJUSTMENT VOUCHER

District/HQ Office: _____				Page No. ____ of ____			
Cost Center Code <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div>				DC Number (Completed by Property Management) <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div>			
REQUESTED ACTION CODES: A-Addition C-Change D-Deletion P-Purchases L-Lease R-Returned To Vendor (Leased Item) F-Found On Post							
Inventory Item Number	NSN: _____		S/N: _____		DOJ Decal: _____		
	Barcode: _____		Mfgr.: _____		Model: _____		
	ACQ Date: _____		ACQ Cost: _____		Description: _____		
	Location: _____		PO Number: _____		Lease Expires: _____		
	Requested Action: <input type="checkbox"/> A <i>(Attach Docs.)</i>						
Inventory Item Number	NSN: _____		S/N: _____		DOJ Decal: _____		
	Barcode: _____		Mfgr.: _____		Model: _____		
	ACQ Date: _____		ACQ Cost: _____		Description: _____		
	Location: _____		PO Number: _____		Lease Expires: _____		
	Requested Action: <input type="checkbox"/> A <i>(Attach Docs.)</i>						
Inventory Item Number	NSN: _____		S/N: _____		DOJ Decal: _____		
	Barcode: _____		Mfgr.: _____		Model: _____		
	ACQ Date: _____		ACQ Cost: _____		Description: _____		
	Location: _____		PO Number: _____		Lease Expires: _____		
	Requested Action: <input type="checkbox"/> A <i>(Attach Docs.)</i>						
Inventory Item Number	NSN: _____		S/N: _____		DOJ Decal: _____		
	Barcode: _____		Mfgr.: _____		Model: _____		
	ACQ Date: _____		ACQ Cost: _____		Description: _____		
	Location: _____		PO Number: _____		Lease Expires: _____		
	Requested Action: <input type="checkbox"/> A <i>(Attach Docs.)</i>						
Signature Of PC: _____ Date: _____							
Date Of Entry <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div>				(To be completed by Property Management)		Initials <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 2px;"></div>	

USM Form-215
Est. 10/91
Automated 07/01